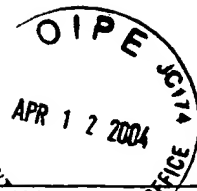


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail****Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/901,688	07/11/2001	Delphine Verdrel-Lahaxe	209872US0	8963

TITLE OF INVENTION: EXOTHERMIC COSMETIC COMPOSITION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MRUK, BRIAN P	1751	424-401000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 OBLON, SPIVAK,
- 2 MCCLELLAND, MAIER
- 3 & NEUSTADT, P.C.

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(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Paris, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group/entity ☐ government

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4/9/04

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